

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10650 549

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<i>20</i>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<i>20</i> minus 20 = * <i>0</i>	
INDEPENDENT CLAIMS	<i>3</i> minus 3 = * <i>0</i>	
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	<i>250</i>

\* If the difference in column 1 is less than zero, enter "0" in column 2

11/4/4 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	<i>21</i>	Minus	<i>**20</i>
Independent	<i>4</i>	Minus	<i>***3</i>	= <i>1</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	<i>18</i>
X42=		OR X84=	<i>88</i>
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ATTORNEY OR INVENTOR INFORMATION FORM (CONT'D) Page 1 of 10  
Under the Paper Reduction Act of 1995, you are required to provide this information in a manner which will not exceed a total of four (4) minutes.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	GP-303944 (2760/129)
Application Number	10/650,549
Filing Date	AUGUST 28, 2003
First Named Inventor	CHRISTOPHER L DESTERLING
Group Art Unit	3661
Examiner	BEAULIEU, Y

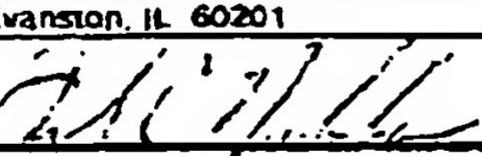
## ENCLOSURES (check all that apply)

<input type="checkbox"/> Response to an Office Action Dated August 5, 2003	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Brief (prosecute)
<input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Patent Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt:
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	
<input type="checkbox"/> Information Disclosure Statement and PTO-1449	<input type="checkbox"/> Change of Correspondence Address	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Small Entity Statement	
	<input type="checkbox"/> Request of Refund	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayments, to Deposit Account No 07-0860 (GENERAL MOTORS CORPORATION). A duplicate copy of this sheet is enclosed	
<input checked="" type="checkbox"/>	I hereby petition under 37 CFR § 1.136(a) for any extension of time requested to enable me to pay any attorney fees. Please charge any associated fees which have not otherwise been paid to Deposit Account No 07-0860 (GENERAL MOTORS CORPORATION). A duplicate copy of this sheet is enclosed	

## CALCULATION OF FEE

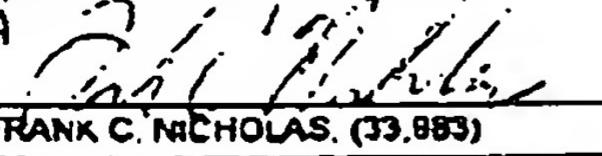
		Small Entity		Large Entity	
		Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus	x \$9=	0	x \$18=	
Indep.	Minus	x \$44=	0	x \$88=	
First Presentation of Multiple Dep. Claim		+ \$150=	—	+ \$300=	
		total add'l fee	\$ 0	total add'l fee	\$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Form or Individual name	FRANK C NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201
Signature	
Date	November 4, 2003

## CERTIFICATE OF FACSIMILE

11/15/2004 DATED 00000000-070060-106545P  
I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9328 to the United States  
Patent and Trademark Office on this date November 4, 2003

18.00 DA	
Signature	FRANK C. NICHOLAS. (33,983)
Date	November 4, 2003